

Plan, Organize, Staff, Direct, Control



Ryders Health Management  
88 Ryders Lane, Suite 208, Stratford, CT 06614

GOVERNING BOARD  
Martin Sbriglio RN, MBA, Consultant  
Dr. Robert Sbriglio, MD, MPH  
Chief Medical Officer



- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Aarc | Aaron Manor Nursing & Rehabilitation Center    | Lord Chamberlain Nursing & Rehabilitation Center Bel-Air |
| <input type="checkbox"/> Bel-            | Manor Nursing & Rehabilitation Center          | Lord Chamberlain Manor Nursing & Rehabilitation Center   |
| <input type="checkbox"/> Che             | Cheshire House Nursing & Rehabilitation Center | [3 Lighthouse Comp./Lighthouse Home Health Care LLC      |
| <input type="checkbox"/> Dou             | Douglas Manor Nursing & Rehabilitation Center  | Mystic Manor Nursing & Rehabilitation Center             |

CHARTING YOUR COURSE TO HEALTH C) Greentree Manor Nursing & Rehabilitation Center ☐ Ryders Health Management

February 23, 2023

Written testimony of Deborah Bradley, Administrator, Aaron Manor Nursing and Rehabilitation Center, 3 South Wig Hill Rd, Chester, CT 06412 Concerning the Governor's Recommended SFY 2023 Budget Revisions for Connecticut Nursing Homes

Good afternoon, Senator Osten, Representative Walker and to the members of the Appropriations Committee. My name is Deboarh Bradley I am the Administrator, at Aaron Manor Nursing and Rehabilitation Center in Chester, Connecticut. has been providing nursing home care in our community for 70 years. We are a 60 bed nursing home, and we have about 80 employees working at our facility, and we are members of the Connecticut Association of Health Care Facilities (CAHCF).

### A Period of Trauma and Resilience for our Nursing Home Residents and Caregivers

Now two years into this unrelenting COVID-19 pandemic and public health emergency and I can say that our nursing home, the residents we serve, and our employees, continue to be challenged like in no other time in our history of providing services in Connecticut. I can also say that our nursing home is as determined as ever, and we feel that each week we are getting closer to a time when we can say the pandemic is behind us.

Our residents and staff have experienced and dealt with nearly every feature of the pandemic from the very beginning in the Spring of 2020 when the misunderstood virus was spreading through persons showing no symptoms, and especially in regions of Connecticut experiencing high rates of community prevalence, to the most recent Omicron outbreaks experienced almost every Connecticut nursing homes. We saw first-hand the consequences of a lack of COVID-19 testing capacity in the United States and here in Connecticut, the extreme shortages of PPE, and the ever-changing CDC, CMS and DPH guidance policies that evolved as the virus became better understood in the medical, academic, and scientific communities. We experienced the severe and emotionally devastating visitor restrictions imposed early in the pandemic, and we have experienced the optimism of what the COVID-19 vaccine, and now the booster, means to our community. While the trauma our residents and caretakers faced was extraordinary, I can say that their resilience and determination was equally extraordinary.

### Severe Staffing Shortages is Hindering Admissions, Increasing Labor Costs and Slowing the Nursing Home Recovery Plan

The severe staffing shortages our nursing home faces is far and above the most significant challenge we are dealing with at this stage of the pandemic.

The staffing shortages our nursing homes are experiencing are like no other time in all of our years of providing skilled nursing home services. For example, we have to rely on Pools , who our price gauging, when we can't even afford to give our own staff wage increases!

The staffing shortages are so significant that our nursing home routinely are unable to accommodate admissions from hospitals as we are not able to address the care needs of additional residents without staff. We have had to say no to admissions based on the fact we do not have staff to care for them, and at the same time the state expects us to be at 85% capacity, or fear of losing beds. The number of family complaints and resident complaints are at an all time high! Our residents deserve the best care!

Consequently, the occupancy in our buildings is much lower than normal, but the low number is really a distortion caused by the staffing shortages and how it impacts admissions and occupancy levels. It's not at all a true reflection of the need or demand for our services, but it is a reality. We fully expect to improve over time as the staffing situation improves, but we are concerned that this will be a slow process, perhaps years long, as our state and overall health care system recovers from the pandemic. Our nursing home's labor-related costs began an unprecedented dramatic rise last Fall and is showing no sign of relenting. We have to depend on pools, who are taking advantage of us. The rates increase as time goes on, and they charge COVID rates when we don't have COVID. Currently, we have been utilizing SIX different pools, in order to get staffing. Just recently weeks ending 1/15/22 cost us \$14,668; week ending 1/22 cost us \$13,080 and week 2/5/22 cost us \$16,257!!!! Every invoice has to be checked line by line, they bill us for "out sick", we do not pay, they forge our supervisors' signatures for shifts they don't even show up for. It is a FT job watching these invoices. Then we are threatened if we don't pay in 30 days, they will not send staff. How are we to pay these costs when we are all losing money! I would like to pay MY STAFF higher wages but cannot. In addition, it is impossible to get anyone to apply for positions, since they are going to pools, and nurses are going to clinics making \$35 plus (and that's an LPN) for just giving vaccines. I was told by a LPN colleague that used to work for me, she is training all new RN graduates. This is why we cannot get RN's, why would they want to come into an industry that is treated so poorly as ours!!! Our staff have to rely on minute increases from DSS for a "wage enhancement". How embarrassing it is to say "Thank you for working hard, through this pandemic, but here is your .15 cent raise! The staff would like increases from the Nursing Homes themselves, who can't afford to pay bills as Pools have to be paid first so we can get staffed.

### Nursing Staffing Pools and Negative Impact on Care and Increased Costs

Our nursing home have been very negatively impacted by the staffing shortages in so many ways, but the impact of having to turn to nursing staffing agencies, has been particularly troublesome. Using these nurse staffing pool agencies has been a measure of last resort at our nursing home. From a patient care perspective, it runs counter to the consistent assignment of staff to our residents that has been our longstanding practice. We have to depend on pool employees, and they consistently do not show up. C.N.A's refuse to care for certain patients, we have to DNR many pool employees, but they jump from one pool to the next. If a pool employee doesn't care for our residents, and we report it to the pool, they just DNR them to our facility, and send to another. They DO NOT CARE, which is why they work for a pool, as there is no empathy for our most vulnerable and elderly population. No one has RNs to provide, and this is the most needed position at this time. Currently we have ONE RN since this entire pandemic. Her contract is almost up, and we have no RNs for the night shift. Obviously, we can't run without 24 hours RN. Yet, this RN refuses to take a cart, refuses to do assigned discharges on the appropriate shift, and REFUSED to punch in last week, because she was on RN to 54 residents, as we were unable to fill the 11-7 LPN shift. She refused to count with this 3-11 nurses going off, until I "FIXED" the problem. This was 11 PM when I received a nasty phone call. (Which I was unaware of as I had that day off, and a second nurse was coming in at 5 AM to assist). I was told by this "Traveler" "I am the Traveler, you are the boss, FIX it" I had to mandate a per diem to stay, who then canceled her next two shifts she was so upset. I did not want this RN in my building any longer but have NO choice. The above examples put more burden on our staff, who are paid significantly less, and have to pick up for the pool staff inadequacies. However, like so many other nursing homes


we have had to utilize this option. The financial consequences have been enormous. We are seeing unbelievable spikes in the costs of staffing agencies. For example, we just had to resign a new contract with 2022 rate increases, or they wouldn't staff us. We understand the Connecticut Attorney General is reviewing these pricing practices and we believe Connecticut should pass legislation that caps these abnormal and harmful fees.

We are also concerned about the COVID-19 staff booster mandate now extended to March 7, 2022, and how the staffing situation will be worsened if we have staff layoffs as a result. While we achieved 100% compliance with the primary staff vaccine regimen, unfortunately we are having a much more challenging time with the booster. This is consistent with what our colleagues are experiencing across the healthcare spectrum and the reasons are diverse and complex. But whatever the reasons, we are very concerned that much more time will be needed. A number of our staff were recently out with COVID, not yet due for their Booster, but now will not get the Booster on a mandated date, as they choose to wait for the 90 day immunity to wear off. Yet we are being told, they can get it as soon as they are out of their "quarantine" period. I have employees who want to listen to their own Doctor's, who are not refusing to get the Booster, but want to wait until after their 90 days, which some are after 3/7/22. Staff are also reluctant to get the Booster with the increase of Cancer cases since the vaccine. Can it be proved it was the Booster? But it is interesting the uptick in cancer patients since the vaccine, as I was just told by one of my employees today, the lump this employee found in her breast, is in fact malignant-NO cancer history. Another employee from a sister facility, was in remission for 10 years, and two weeks before Christmas, due to a scan for a dislocated disc, found she is now in stage 4, and it's spread to the bones. But Nursing Home employees are forced to have the Booster, or lose their job, as we have to let visitors and state surveyors in who do not even need to be vaccinated! As they walk along the hallways and rooms of our residents.

### The Connecticut General Assembly has provided a Lifeline of Nursing Home Support, But the Staffing Issues Remain Unaddressed

Before closing, we must thank the state legislature for the tremendous support we have received that has provided additional support for our employees and stability during this period. Our nursing home faithfully implemented the 4.5% employee wage enhancements adopted last session, and moving forward with additional health care and pension benefits adopted last session as well---these are critically important employee recruitment and retention resources, but more help is needed to further bolster employee wages and benefits and in additional financial rate relief to address the extraordinary increased labor costs now being experienced and not reflected in any of the prior support we have received.

Thank you. I would be happy to answer any questions you may have.

OL) ooraU % c 

Deborah Bradley  
Administrator

Aaron Manor Nursing & Rehabilitation Center  
3 South Wig Hill Rd.  
Chester CT, 06412 860-  
526-5316 [dbradle@aaron-](mailto:dbradle@aaron-manor.net)  
[manor.net](mailto:dbradle@aaron-manor.net)